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Public Service Commission of Wisconsin
(6602) - WIRELESS ALLIANCE LLC
Commercial Mobile Radio Service Provider Annual Report
For Year Ending December 31, 2006

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PSC REF#: 72376

Public Service Commission of Wisconsin
RECEIVED: 04/02/07, 1:44:13 PM

* - indicates required fields

Signature

I certify that I am the person responsible for accounts; that I have examined the following report and, to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein.

Utility Name: WIRELESS ALLIANCE LLC

Person responsible for accounts: Aaron Zollner *

Title of person responsible for accounts: Staff Accountant *

Date: 04/02/2007 * (mm/dd/yyyy)

Identification

Utility Name: WIRELESS ALLIANCE LLC

Street Address: 3905 DAKOTA STREET SW *

PO Box: 2000 PO Box Zip: 56308-0000

City: Alexandria * State: MN * Zip: 56308-0000 *

Web Site Address: www.ruralcellular.com

Business Customers Phone: 3207622000 Example 6085551212 Ext:

Residential Customers Phone: 3207622000 Example 6085551212 Ext:

Primary Address - Primary Utility Contact (located at utility address)

Name: Aaron Zollner *

Title: Staff Accountant *

Firm/Company: Rural Cellular Corporation *

Office Address: 3905 DAKOTA STREET SW *

PO Box: 2000 PO Box Zip: 56308-0000

City: Alexandria * State: MN * Zip: 56308-0000 *

Fax Number: 3208082120 Example 6085551212

Phone Number: 3208082152 * Example 6085551212

Email Address: aaronz@unicel.com *

Annual Report Contact - Contact Person for Information Contained in This Annual Report☐ Same As Primary Address

Name: Aaron Zollner *

Title: Staff Accountant *

Firm/Company: Rural Cellular Corporation *

Office Address: 3905 Dakota Street SW *

PO Box: 2000 PO Box Zip: 56308-0000

City: Alexandria * State: MN * Zip: 56308-0000 *

Fax Number: 3208082152 Example 6085551212

Phone Number: 3208082152 * Example 6085551212

Email Address: aaronsz@unicel.com

Regulatory Contact - Contact Person for Regulatory Inquiries and Complaints☐ Same As Primary Address

Name: Aaron Zollner *

Title: Staff Accountant *

Firm/Company: Rural Cellular Corporation *

Office Address: 3905 Dakota Street SW *

PO Box: 2000 PO Box Zip: 56308-0000

City: Alexandria * State: MN * Zip: 56308-0000 *

Fax Number: 3208082120 Example 6085551212

Phone Number: 3208082152 * Example 6085551212

Email Address: aaronsz@unicel.com

Assessable Revenues1) Do you currently provide commercial mobile radio service (CMRS) service in Wisconsin? ☒ Y (Y/N) *

1a) If not, please state the nature of your entity's business.

1b) If not, do you intend to provide CMRS service in Wisconsin at a future date? ☐ (Blank/Y/N)2) Do you believe that this year's CMRS revenues have already been reported to the Commission? ☒ N (Y/N) *

2a) If yes, provide particulars concerning annual report (utility name and number, report name, page and line number and dollar amount).

2b) If no, provide your assessable revenues (in 000's) for Universal Service Fund assessment purposes. (000's)
Wisconsin Gross Intrastate Operating Telecommunications Service Revenue**CONFIDENTIAL**Enter a whole
number.**Annual Report Notes (if applicable)****Please print this report before submitting it to the Commission. Once the report is submitted you will not be able to print it.**

When the submit button is clicked, the program will check for errors and display a message to the right of any box with an error. If there are no errors, a confirmation page will appear.

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Check for Errors & Submit